

4x25 = 100
 8x2 = 16
 1x17 = 17

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
301	4							351					
302	8							352					
303	4							353					
304	4							354					
305	4							355					
306	4							356					
307	8							357					
308	4							358					
309	4							359					
310	4							360					
311	4							361					
312	4							362					
313	4							363					
314	4							364					
315	4							365					
316	4							366					
317	4							367					
318	4							368					
319	4							369					
320	4							370					
321	4							371					
322	4							372					
323	4							373					
324	4							374					
325	4							375					
326	4							376					
327	4							377					
328	4							378					
329	4							379					
330	4							380					
331	4							381					
332	4							382					
333	4							383					
334	4							384					
335	4							385					
336	4							386					
337	4							387					
338	4							388					
339	4							389					
340	4							390					
341	4							391					
342	4							392					
343	4							393					
344	4							394					
345	4							395					
346	4							396					
347	4							397					
348	4							398					
349	4							399					
350	4							400					
TOTAL IND.	133							TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS	133							TOTAL CLAIMS					

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS							* AMDT / L		*		*	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	
201		S		S								
202		S		S								
203		S		S								
204		S		S								
205		S		S								
206		S		S								
207		S		S								
208		S		S								
209		S		S								
210		S		S								
211		S		S								
212		S		S								
213		S		S								
214		S		S								
215		S		S								
216		S		S								
217		S		S								
218		S		S								
219		S		S								
220	1		1		1							
221		S		S	1							
222		S		S	1							
223		S		S	1							
224		S		S	1							
225		S		S	1							
226		1		1	1							
227		S		S	1							
228		S		S		4						
229				S		4						
230						4						
231						4						
232						4						
233						4						
234						4						
235						4						
236						8						
237						4						
238						4						
239						4						
240						4						
241						4						
242						4						
243						4						
244						4						
245						84						
246						8						
247						4						
248						4						
249						4						
250						4						
TOTAL IND.	1		1		8							
TOTAL DEP.	131		136		195							
TOTAL CLAIMS	132		137		203							
251							4					
252							4					
253							4					
254							8					
255							4					
256							4					
257							4					
258							4					
259							4					
260							4					
261							4					
262							4					
263							4					
264							4					
265							4					
266							4					
267							4					
268							4					
269							4					
270							4					
271							4					
272							4					
273							4					
274							4					
275							4					
276							4					
277							4					
278							4					
279							4					
280							4					
281							4					
282							4					
283							1					
284							1					
285							1					
286							1					
287							1					
288							1					
289							1					
290							1					
291							4					
292							4					
293							4					
294							4					
295							4					
296							8					
297							4					
298							4					
299							4					
300							4					
TOTAL IND.	8											
TOTAL DEP.	176											
TOTAL CLAIMS	184											

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

21 + 4 = 25
146

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08 441,355

FILING DATE

5/15, 1995

APPLICANT(S)

Houghton et al

W. In AMDT AMDT/B AMDT/C CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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3						
4						
5						
6						
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99						
100						
TOTAL IND.	3		141=2			
TOTAL DEP.	1		29+228=	257		
TOTAL CLAIMS	4		259			

	*AMDT/B		*AMDT/C		*AMDT/D	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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99						
100						
TOTAL IND.	1		440=4		4	
TOTAL DEP.	225		44+112=	557	44+104=	548
TOTAL CLAIMS			160		152	

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

AMDT C AMDT D AMDT E CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.					3+	
TOTAL DEP.	112		104		104 + 44	
TOTAL CLAIMS					107	
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

[illegible]

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

*U.S. GPO: 1998-443-593/89152

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
301		4					351						
302		8					352						
303		4					353						
304		4					354						
305		4					355						
306		4					356						
307		8					357						
308		4					358						
309		4					359						
310		4					360						
311		4					361						
312		4					362						
313		4					363						
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315		4					365						
316		4					366						
317		4					367						
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322		4					372						
323		4					373						
324		4					374						
325		4					375						
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329		4					379						
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342		4					392						
343		4					393						
344		4					394						
345		4					395						
346		4					396						
347		4					397						
348		4					398						
349		4					399						
350		4					400						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.		133					TOTAL DEP.						
TOTAL CLAIMS		133					TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE
Patent and Trademark Office

4x25 = 100
8x2 = 16
14x17 = 238